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October 1, 2012

RE: Secure Medicine Return in King County

Dear Stakeholder,

On May 17, 2012 the Board of Health heard a briefing about safe disposal of unused and expired medicines as part of its ongoing interest in protecting the health and safety of King County. The briefing was at the request of a board member and provided the latest information about the limited number of medicine take-back programs in the County, as well as the perspectives of several community members and stakeholders. As a follow up, I convened a subcommittee to further study this issue. Subcommittee members include myself, Board Member Conlin, Board Member Baker, Board Member Nicola and Director and Health Officer of Public Health David Fleming.

Misuse and preventable poisonings from household medicines are the fastest growing cause of addiction and overdose deaths in our communities:

- More people die from prescription medicines than from all illegal drugs combined;
- Most abusers of prescription drugs get the pills from a friend or relative's medicine cabinet;
- Prescription medicines are the drug of choice among 12 and 13-year olds;
- Preventable poisonings from medicines have also been rising rapidly, especially among kids and seniors; and
- 32% of child poisoning deaths in Washington were caused by someone else's prescription medication and 26% were caused by over-the-counter medications.

This is why the Board of Health is exploring ways to protect public health by reducing the amount of unused medicines in people's homes and ensuring convenient and safe options for disposal of unused medicines. Convenient, secure medicine take-back programs allow residents to safely remove leftover and expired medicines from their medicine cabinets, reducing risks in the home and reducing the supply of dangerous drugs in the community. Proper disposal of waste medicines also prevents those drugs from contributing to pharmaceutical pollution in our waterways, and to trace amounts of these chemicals that are detected in some drinking water supplies.

The Board of Health expects to have a public hearing on secure medicine return at future regular meeting in the coming months. For details on the public hearing and other updates on this work, please visit our webpage at:

<http://www.kingcounty.gov/healthservices/health/BOH/MedicineTakeback.aspx>

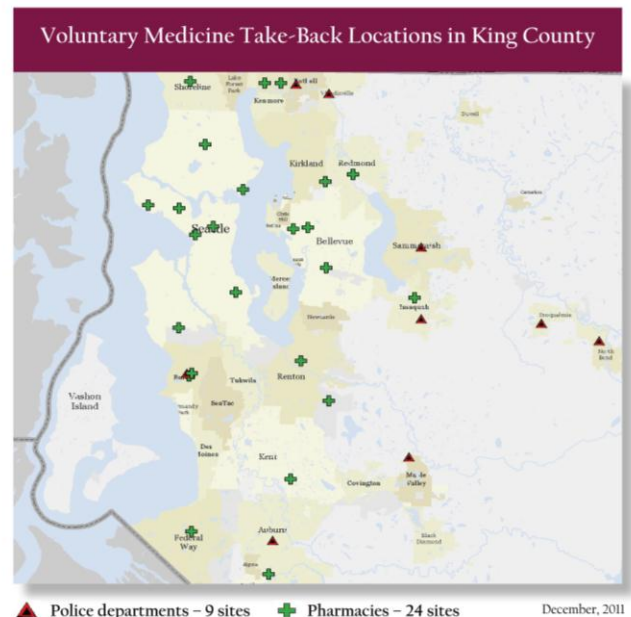
Sincerely,



Joe McDermott
Chair, King County Board of Health
King County Councilmember

Voluntary Medicine Take-Back Programs in King County

Group Health offers medicine take-back at 12 clinical pharmacies (25 locations statewide) and Bartell Drugs is able to offer medicine take-back at 12 of its 43 retail pharmacies. Currently, 9 city police stations maintain ongoing medication collection sites, and 25 law enforcement agencies, including the King County Sheriff and Port of Seattle Police, have participated in semi-annual Drug Enforcement Administration (DEA)-coordinated take-back events since 2010. In King County, the Household Hazardous Waste Phone Line has experienced a 300% increase in resident inquiries since 2009 about where to take-back left-over or expired medicines.



Barriers to Additional Medicine Take-Back Programs & a Comprehensive Take-Back System in King County

1. **Convenience and Access.** The voluntary medicine take-back sites are too limited in number and geographic distribution to meet the needs of the county's residents. There are no ongoing collection sites for narcotics and other controlled substances in the county's largest cities. Access to the existing voluntary take-back sites is particularly limited for county residents with limited mobility or access to transportation, such as seniors or disabled residents.
2. **Financing.** A dedicated and adequate source of funding is a key barrier to providing a comprehensive take-back system. Over-stretched local law enforcement and local government budgets cannot absorb the costs of providing a take-back system, leaving most of our communities without secure and environmentally sound options for disposal of leftover medicines. Existing voluntary programs lack funds for adequate education and promotion to increase effectiveness.
3. **Challenges in Collection of Controlled Substances.** About 11% of prescription drugs dispensed are legally prescribed controlled substances, such as OxyContin, Vicodin, and Ritalin. The U.S. DEA regulations that currently prevent collection of controlled substances by anyone other than law enforcement are being changed to authorize collection of controlled drugs by medicine take-back programs. The draft regulations are anticipated in late 2012. While working on rule-making since fall 2010, the DEA has coordinated semi-annual National Prescription Drug Take-Back Days, which rely on local law enforcement participation and resources. The DEA plans to stop coordinating these take-back days once the new regulations for collection of controlled drugs are finalized.
4. **Lack of an Efficient System.** Without a countywide system, each law enforcement unit, municipality, or pharmacy has developed and implemented their medicine take-back program independently. LHWMP has provided technical assistance and some limited resources, but take-back sites lack coordination and any efficiency of scale for transportation, disposal or program promotion. Anecdotally, community partners and take-back locations report that residents are frustrated when they look for, or hear about, medicine take-back programs, then discover there is no convenient collection site in their neighborhood.